

SINGLE BUSINESS TAX ANNUAL RETURN

Issued under authority of P.A. 228 of 1975. See instruction booklet for filing guidelines.

IDENTIFICATION

1 This return is for calendar year 2000 or for the following tax year Beginning Date <table border="1"> <tr> <td>month</td> <td>year</td> </tr> <tr> <td></td> <td>2000</td> </tr> </table> Ending Date <table border="1"> <tr> <td>month</td> <td>year</td> </tr> <tr> <td></td> <td></td> </tr> </table>		month	year		2000	month	year			5 Federal Employer ID No. (FEIN) or TR No. <table border="1"> <tr> <td></td> </tr> </table>	
month	year										
	2000										
month	year										
2 Name (Type or Print) d/b/a		6a Check this box if address is new <input type="checkbox"/> b Check this box if discontinued <input type="checkbox"/> Effective date of discontinuance _____									
Street Address		7 Business Start Date									
City, State, ZIP		8 Principal Business Activity									
3 Check this box if you are filing a Michigan consolidated return. <input type="checkbox"/> Enter authorization number _____		9 Organization Type (check one) a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Fiduciary c. <input type="checkbox"/> Professional Corporation d. <input type="checkbox"/> S-Corporation e. <input type="checkbox"/> Other Corporation f. <input type="checkbox"/> Partnership/LLC-Partnership g. <input type="checkbox"/> Limited Liability Company-Corporation									
4 Check this box if you are a member of a controlled group (see instruction book). <input type="checkbox"/>											

Check this box if someone else prepares your return and you DO NOT need a book mailed to you.
☐

10 Gross receipts	10 _____ .00
11 Business income. Filers using the Short-Method, go to C-8000S, line 9	11 _____ .00

COMPENSATION

12 Salaries, wages and other payments to employees	12 _____ .00
13 Employee insurance plans - health, life	13 _____ .00
14 Pension, retirement, profit sharing plans	14 _____ .00
15 Other payments - supplemental unemployment benefit trust, etc	15 _____ .00
16 Total Compensation. Add lines 12 - 15	16 _____ .00

ADDITIONS (to the extent deducted in arriving at business income)

17 Depreciation and other write-off of tangible assets	17 _____ .00
18 Taxes imposed on or measured by income (city, state, foreign)	18 _____ .00
19 Single business tax	19 _____ .00
20 Dividends, interest and royalty expenses	20 _____ .00
21 Capital loss carryover or carryback	21 _____ .00
22 Net operating loss carryover or carryback	22 _____ .00
23 Gross interest and dividend income from bonds and similar obligations issued by states other than Michigan and its political subdivisions	23 _____ .00
24 Any deduction or exclusion due to classification as FSC or similar classification and expenses of financial organizations (see inst.)	24 _____ .00
25 Losses from partnerships. Account no.	25 _____ .00
26 Total Additions. Add lines 17 - 25	26 _____ .00
27 Subtotal. Add lines 11, 16 and 26	27 _____ .00

SUBTRACTIONS

28 Dividends, interest and royalty income included in business income	28 _____ .00
29 Capital losses not deducted in arriving at business income	29 _____ .00
30 Income from partnerships included in business income, Account no.	30 _____ .00
31 Total Subtractions. Add lines 28 - 30	31 _____ .00

TAX BASE

32 Tax Base. Subtract line 31 from line 27	32 _____ .00
33 Apportioned Tax Base. Multiply line 32 by _____ % (from form C-8000H, line 16 or 19)	33 _____ .00

Go to page 2**PAYMENT**

62 What amount did you enter on page 2, line 58?	PAY THIS AMOUNT	62 _____ .00
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Attachments: Attach copies of the federal forms listed in the instructions to your return. Also attach all required SBT schedules.

Payment: Payable to "State of Michigan." Write your FEIN on the check.

Mail to:

Michigan Dept. of Treasury
P.O. Box 30059
Lansing, MI 48909

TAX BASE

34 What amount did you enter on line 32 or 33 (whichever applies)? 3400

ADJUSTMENTS

35 Recapture of capital acquisition deduction (from form C-8000D, line 19) ▶ 3500

36 ADJUSTED TAX BASE BEFORE loss deduction and statutory exemption.

Add line 34 and line 35 (if line 35 is negative, subtract)..... ▶ 3600

If negative, this is a business loss carryforward; **do not complete lines 37 through 42. Enter zero on line 43.**

37 Business loss deduction 3700

38 **Adjusted Tax Base Before Statutory Exemption.** Subtract line 37 from line 36 3800**STATUTORY EXEMPTION - Complete and attach the Statutory Exemption Schedule (form C-8043).**

39 Allowable statutory exemption (from form C-8043, line 16) 3900

40 **Adjusted Tax Base.** Subtract line 39 from line 38. Check if C-8000G is attached ▶ a ☐ 4000**REDUCTIONS, NON-REFUNDABLE CREDITS, TAX**

41 Reduction to adjusted tax base, if applicable (see instructions for form C-8000S) 4100

Check the method being used: ▶ ☐ **Compensation Reduction OR** ▶ ☐ **Gross Receipts Reduction.**

42 Taxable base. Subtract line 41 from line 40. If you used the gross receipts short-method, enter the amount from form C-8000S, line 14. 4200

43 **Tax Before All Credits.** Multiply line 42 by 2.1% (.021). Fiscal or short period filers see page 3. ▶ 4300**If you are not taking the Investment Tax Credit on form C-8000ITC, enter the amount from line 43 on line 44.**44 **Tax After Investment Tax Credit.** Enter the amount from form C-8000ITC, line 37 ▶ 4400**The small business and contribution credits are computed on form C-8000C and/or C-8009. Complete the C-8000C and/or C-8009 before continuing. If you are not filing a C-8000C or C-8009, enter the amount from line 44 on line 45.**

45 Enter the amount from C-8000, line 44, C-8000C, lines 19, 26 or 36 or C-8009, line 33 or 34 4500

46 Unincorporated/S-corp. credit. Multiply line 45 by percent from page 15 4600

47 Nonrefundable credits from C-8000MC, line 72 4700

48 Add lines 46 and 47 4800

49 **Tax After Nonrefundable Credits.** Subtract line 48 from line 45 ▶ 4900**PAYMENTS, REFUNDABLE CREDITS AND TAX DUE**

50 Overpayment credited from 1999 5000

51 Estimated tax payments 5100

52 Tax paid with request for extension 5200

53 Refundable credits from C-8000MC, line 10 5300

54 Total. Add lines 50 - 53 ▶ 5400

55 TAX DUE. Subtract line 54 from line 49. If less than zero, leave blank ▶ 5500

56 Underpaid estimate penalty and interest from form C-8020, line 28 or 38 whichever applies 5600

57 Annual return penalty at ____% =00 and interest =00 5700

58 **Payment Due.** Add lines 55 - 57. Enter this amount on page 1, line 62 5800**OVERPAYMENT - REFUND OR CREDIT FORWARD**

59 Overpayment. Subtract line 49 (and any penalty and interest due on lines 56 and 57) from line 54 5900

60 How much of the amount on line 59 do you want **refunded** to you? ▶ 600061 How much of the amount on line 59 do you want **credited forward**? ▶ 6100**SIGNATURE, DECLARATION AND AUTHORIZATION****TAXPAYER'S DECLARATION***I declare, under penalty of perjury, that this return is true and correct to the best of my knowledge.*☐ I authorize Treasury to discuss my return with my preparer.☐ Do not discuss my return with my preparer.

Taxpayer's Signature

Print or Type Taxpayer's Name

Date

Title

PREPARER'S DECLARATION*I declare, under penalty of perjury, that this return is based on all information of which I have any knowledge.*

Preparer's Signature

Print or Type Preparer's Name

Date

Business Address, Phone and Identification Number

This return is due April 30, or on or before the last day of the 4th month after the close of your tax year.